Hodgdon (A. L.)

Reprint from the ALIENIST AND NEUROLOGIST, April, 1897.



## Preputial Reflex Epileptiform Convulsions, with Report of a Case.

By ALEX. L. HODGDON, M. D.,

Dispensary Physician to Department of Nervous Diseases, College of Physicians and Surgeons, Baltimore, Md.

HIMOSIS, of course, is only one of the many sources of reflex epileptiform convulsions. A tooth forcing its way through the gums, causing pressure on the sensitive nerve filaments; a splinter imbedded in the finger exerting deleterious nerve irritation, or an unaccomodated eve with its resultant irritant action, might all produce these reflex, epileptiform convulsions, or shall I not say the beginning of true epilepsy? And it seems doubtful if all epilepsies are not in a way reflex, from the irritable gastric nerves, constituting gastric epilepsy, to the tumor, causing irritation by pressure on some one or several of the functioning centers of the brain, and by the resulting symptoms indicating their locality. Gray very aptly, and I believe truly, says that Epilepsy is only a symptom.\* "Our conception of epilepsy will be altered, if at the outset we recognize the indubitable fact that epilepsy is but a symptom, just as is a cough or fever, so that epilepsies may be divided into those that are due to recognizable organic disease, those that are reflex and those that we may call idiopathic." If due to some irritant which may be removed, why not very carefully try to prevent further convulsions in the teething infant, and circumcise the epileptic infant with phimosis, for there must be a beginning to everything finite, and by removing sources of irritation you may prevent the formation of a permanent

<sup>&</sup>quot;Nervous and Mental Diseases," Gray.

lesion, or an intangible condition, such as habit epilepsy, both of which may in the end terminate the life of the epileptic, lapse into epileptic mania, and may finally follow the subject to his grave. We have somewhat of an illustration of this habit epilepsy in the rigor of malaria, those paroxysms which continue after the miasm has been removed from the system, which are dispelled, in some instances, by a mental impression, such as turning back the hands of the clock, till after the usual time for the chill; only the malarial paroxysms do not seem to produce a permanent change in the function of the nerve tissue. which may occur in epilepsy. May we not possibly by administering proper doses of bromide of soda to the teething infant, and by circumcising the child with phimosis, prevent a life-time of misery? These matters should be attended to, and it would be well if all male infants were circumcised within the first month after birth, taking care to cut off all the skin that covers the head of the penis, so as to leave it completely uncovered, and so that no part of the head can be made to remain covered. If this were done it would prevent the occurrence of phimosis in the future, even if not present at that time. About the only objections that have been urged against cutting off the foreskin, is that it leaves the sensitive head of the penis constantly exposed to friction against the clothing and other rough articles, and another objection made is that the exposure to friction decreases to a certain extent the sensibility of this very sensitive head. It does come in contact with the clothing, after circumcision has been performed, but after some time, the mucous membrane of the glans penis becomes toughened and thicker, and so far as the decrease in sensibility is concerned, this is an advantage, as the act of coitus is prolonged, the glands of Tyson situated near the corona dry up, so that the glans penis of the circumcised individual remains dry and clean. I have performed the operation of circumcision many times, and have seen cases which have been operated upon by some inexperienced operators, which were about as badly off after the operation as before, on account of not having

removed enough skin. One should not operate on persons afflicted with hæmophilia, unless the risk incurred from not operating, were greater than that from an operation. Korelt has said that the glans penis is not exceeded in richness of nerves by any other part of the economy not excepting the organs of sense, and if so, is it any wonder if reflex epileptic convulsions occur in the case of the infant or adult afflicted with phimosis, with a quantity of smegma imbedded under the foreskin, on the delicate surface of the glans, which cannot be wiped off because the foreskin cannot be retracted, and is it not a wonder that trouble does not ensue in more cases? The case which I will report is that of W. T., aged, nearly four months, who had suffered since one month of age from epilepsy, having had a convulsion nearly every day, and has also exhibited a great deal of irritability, which he manifested by frequent attacks of crying. Upon inquiry I found that his urine had always passed away in drops, and dribbled away very slowly, also that he was passing considerable mucous by the anus. When I examined him, I found a very small preputial orifice, and was led to conclude that the convulsions from which he had suffered, were probably reflex. As he had suffered from about three or four convulsions on the day when I first saw him, I resolved not to delay operating till the following day, but circumcised him that night. Since the operation of circumcision was performed he has passed his water without difficulty, and his feces appeared more natural. I circumcised him Saturday night, and he had 'no convulsions on Sunday, but Monday afternoon he had three or four convulsions and a temperature of about 1021/2° Fah. I gave a little Bromide of Soda and Acetanilide, also small doses of Quinine Sulphate. On Tuesday the temperature was about 101°, and on Wednesday his temperature was normal. He has not had a convulsion since Monday, and seems to be very quiet and good-natured. It has been a long time since he was operated upon, and I have not heard of his having a convulsion since two days after he was circumcised.

